

**REACH Early Learning
Scholarship Application**



Date of Application: _____
Parent Name: _____
Student Name: _____
Birthdate: _____

Household Members

	Name	Relationship	Date of Birth	Age
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Income Information

If employed, **MUST include documentation for prior 4 weeks of gross income from date of application.** Other income includes (but is not limited to): Social Security Benefits, Child Support/Alimony. These amounts must be counted for all members in the household.

Wages (gross earnings) \$ _____ /month for total household income
Self Employment \$ _____ /month
Other Income \$ _____ /month
Total Income \$ _____ /month

*Please be sure to complete both sides of application and sign.

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Students Registration

	Name	Age	Class	Full Rate
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
TOTAL				\$ _____

Weekly Fee Information

Tuition \$ _____ /week
 Client % of Full Fee _____ %
 Client Amount (income-based rate) \$ _____ /week
Total Client Fee \$ _____ */week

Effective Date (date child starts): _____
 End Date*: _____
 *4 yr. olds end date = kindergarten start date _____

Scholarship rates are effective for 1 year from date of application. If income changes, please report that to the Preschool Director. Scholarships may be re-evaluated once per calendar year upon request.

 Parent Signature

 Date

 Parent Signature

 Date

 Preschool Director Signature

 Date

Copy of Income information: _____
Auto Debit: _____
Guardianship Paperwork: _____
Registration Paid: _____

*Please be sure to complete both sides of application and sign.